



Public Health Preparedness and Response Capacity Inventory

*A Voluntary Rapid
Self-Assessment*



Preparedness Checklists Version I

- **National Pharmaceutical Stockpile** (Appendix A)
- **Smallpox Vaccination** (Appendix B)

August 2002

<http://www.phppo.cdc.gov/od/inventory>

Appendix A

National Pharmaceutical Stockpile Preparedness Checklist

(To complete checklist, use instructions from *Capacity Inventory*,
Focus Area A, Part III)

Evaluation Categories

(keyed to chapters in Version #9 of the NPS Planning Guide)

State/Local NPS Management Structure (Chapter 4-
Command & Control; Chapter 5-Requesting the NPS; and
Chapter 6-Management of NPS Operations)

NPS Logistics (Chapter 7-Receiving, Storing, & Staging;
and Chapter 8-Controlling Inventory)

Repackaging (Chapter 9-Managing Oral Drugs Supplies for
Prophylaxis)

Distribution (Chapter 10 -Distribution)

Dispensing (Chapter 11-Dispensing)

Treatment Center Coordination (Chapter 12-Treatment)

Communication and Security (Chapter 13-
Communications and Chapter 14-Security)

Training, Exercising, & Evaluating (Chapter-15 Prepare,
Train, Exercise, & Evaluate)

Confirmations that Translate Plans into Preparation
(integrated throughout)

Status Key

- ◆ **Not in progress yet**, but part of a designated role (red)
- ◆ **In-progress**, but not yet completely in place (or confirmed; amber)
- ◆ **Completely in place** (and confirmed; green)
- ◆ **Not applicable** or not a part of a designated role

State/Local NPS Management Infrastructure 41 Activities (Critical Component)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Key decision makers understand that NPS preparedness requires a contingent organization of 1,000 or more persons for the MMRS city (or for each high-risk municipality/locality in the state).				
• Key state-level decision makers understand that NPS preparedness also requires a capacity to cover all non high-risk cities and regions that do not require their own NPS infrastructure.				
• Financing is adequate to support all facets of NPS preparedness.				
• An adequate "core management" staff to work full time on NPS preparedness.				
• A person designated to be the Overall Manager of NPS preparedness.				
• A person designated to lead the "Command & Control" function.				
• A person (with backup) designated to request the NPS.				
• A person designated to lead the "Management of NPS Operations" function.				
• A person designated to lead the "Receiving, Storing, & Staging" function.				
• A person designated to lead the "Repackaging" back-up function.				
• A person designated to lead the "Distribution" function.				
• A person designated to lead the "Dispensing" function.				
• A person designated to lead the "Treatment Center Coordination" function.				
• A person designated to lead the "Communications" function				

• A person designated to lead the “Security” function.				
• A person designated to lead “Training” activities.				
• A person designated to lead “Exercises” activities.				
• A person designated to lead “Evaluation” activities.				
• A person designated to address human resource issues for the NPS preparedness organization.				
• All core staff and function leads are tethered by pager and cell phone.				
• All core staff and function leads are trained to perform their assigned duties.				
• All core staff and function leads have coordinated planning efforts across activities.				
• Has redundancy for any function lead that is deployable National Guard.				
• Collaboration of NPS preparedness by adjacent high-risk cities.				
• Collaboration to carry out an NPS deployment to any low-risk area.				
• National Guard assets arranged for NPS-related use in an affected area.				
• State-level transportation assets arranged for NPS use or back-up use in an affected area.				
• State-level law enforcement assets arranged for NPS use or back-up use in an affected area.				
• NPS-related MOA with CDC is signed and forwarded.				
• Any needed uses of Gubernatorial powers exercised for NPS preparedness.				
• Official DEA registrants designated to be involved in receipt of the NPS.				
• Persons designated to inform CDC of changes in NPS requesters & receivers.				
• NPS liaisons to the overall C & C function are designated.				
• Contact list ready for all key members of overall C & C.				
• Process determined for interaction between S/L NPS Team, TARU, & C & C.				
• The process and means for problem solving is thought through and described.				
• Responsibility and process determined for release of public information.				
• Members of the NPS Operations Management (OM) Team are designated.				
• How the OM team function & interacts with the TARU & C & C is described.				
• Have arranged prophylaxis for all function team members & immediate family.				
• Have arranged credentials for all function team members.				
Summary Levels of Progress (column totals = 41)				

NPS Logistics

14 Activities

	Not applicable	Completely in place (green)	In progress (amber)	Not in progress yet (red)
• Members are designated for the RSS team (NPS Receiving, Staging, and Storage).				
• RSS team members are designated to meet the NPS and assist with IV med allocation.				
• Members are designated for the Controlling Inventory team.				
• Members of the RSS and Control Inventory teams are tethered, at least by pagers and by redundant means of communication.				
• Members of the RSS and Control Inventory teams have had orientation & training.				
• An airport is designated for NPS delivery by air.				
• One or more sites are designated for initial NPS delivery by ground transport.				
• Facility(ies) designated for staging that meet Version #9 specifications.				
• Facility(ies) designated for storage that meet Version #9 specifications.				
• A system is developed and tested that will monitor and track NPS stock materiel.				
• Security is arranged to protect the possible air and ground delivery sites.				
• Security is arranged to protect the staging site.				
• Security is arranged to protect the storage site(s).				
• Security from a law enforcement agency is arranged to coordinate with the U.S. Marshals with the CDC TARU.				
Summary Levels of Progress (column totals = 14)				

Repackaging

7 Activities

	Not applicable	Completely in place (green)	In progress (amber)	Not in progress yet (red)
• Members are designated for a repackaging team, and are on call.				
• An appropriate number of pharmacists agrees to oversee repackaging and is on call.				
• Repackaging team members & pharmacists are part of a workable call-down system.				
• Repackaging team members are oriented to their roles and requirements.				
• Repackaging team members trained to practice the skills they would need.				
• A repackaging site is designated, if the process is required.				
• Security is arranged to protect the repackaging site.				
Summary Levels of Progress (column totals = 7)				

Distribution
15 Activities
(Critical Component)

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• A private or public entity has agreed to carry out the NPS distribution function.				
• A redundant distribution capability is identified (especially if deployable National Guard personnel and vehicles are the entity slated to provide primary transport).				
• The S/L NPS Team has a reliable single point of 24/7 contact to alert the entity.				
• The entity uses tethers or a call-down system ensuring all drivers can muster at once.				
• The entity has 24/7 arrangements for fuel, repair, and recovery services.				
• The entity has means for its drivers to purchase fuel from commercial sources.				
• Drivers have credentials that will allow access to all sites without interference.				
• Identity markings for entity vehicles is arranged for use to facilitate site access.				
• Drivers will be outfitted with communication devices to allow dispatch.				
• Security is arranged to protect entity vehicles to and from delivery points.				
• Police have agreed to escort distribution vehicles from staging to delivery points.				
• Transportation experts have cited the best delivery routes and any detouring needed, including coordination with established routes for other plans, such as for evacuation.				
• Drivers have been oriented about their assigned delivery sites and the routes to take.				
• Drivers to treatment centers have gotten controlled substance protocols & orientation.				
• Drivers have gotten orientation to NPS invoicing and other record keeping SOPs.				
Summary Levels of Progress (column totals = 15)				

**Dispensing
34 Activities
(Critical Component)**

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Dispensing sites are selected.				
• Dispensing sites are selected.				
• Sites selected underwent a careful assessment using criteria from Version #9.				
• A decision has been made about providing prophylactic mediation to first responders.				
• Has selected sites that are accessible including for the homeless and similar groups.				
• Decision made about letting adults pick up prophylaxis for other household members.				
• Decision made on dispensing agency, prescriber name, & 24-hour # for drug labels.				
• Decision made on how many days of prophylaxis will be initially dispensed.				
• Has a source of tables, chairs, partitions, baby scales, etc., to equip dispensing sites with an ability to deliver what is needed and put it in place on very short notice.				
• An overall manager is identified to lead the team at each dispensing site.				
• Assistant managers are identified to lead shifts at each dispensing site.				
• Has staff and a process to ensure citizens provide medical history and demographics.				
• Has staff and a process to ensure symptomatic citizens get prompt referral for Dx/Tx.				
• Has staff and a process to ensure infants receive a proper prophylactic regimen.				
• Has staff and a process to ensure site inventory monitoring and timely NPS re-supply.				
• Has staff and a process to ensure site workers are continually supplied and functional.				
• Has staff to process citizens who want to pick up prophylaxis for persons left at home.				
• Has staff to efficiently dispense prophylaxis and facilitate patient tracking.				
• Enough persons are recruited to fill the various roles and shifts at each dispensing site.				
• The staff of the dispensing sites has received orientation and training for their roles.				
• If the pharmacy laws prevent lay dispensing, have either gotten a waiver applicable in a BT event, or recruited enough pharmacists/pharmacy techs to meet all dispensing needs.				
• Has commitments from interpreters to assist at dispensing sites in ethnic areas.				
• Has a staff member ensure that each site has patient information sheets & drug labels.				
• If the area has undocumented aliens, has a plan to bring them into dispensing sites.				
• Has a workable plan to extend dispensing to institutionalized and shut-in persons.				
• Has an outreach plan for making homeless & similar groups aware of dispensing sites.				
• Has a communication campaign planned to tell people where to go for prophylaxis.				
• Has a communication campaign planned to encourage strict drug-taking adherence.				
• Has a communication campaign planned to educate people on the different drugs used.				
• Security is arranged to protect the staff at each dispensing site.				
• Crowd control services are arranged to help maintain order at each dispensing site.				
• Transportation is arranged for symptomatic persons who present to dispensing sites to be transported to a treatment center.				
• Has arranged for mental health professionals to be assigned to dispensing sites.				
• Has arranged shuttle service to reach dispensing sites, if necessary for transportation needy population groups.				
Summary Levels of Progress (column totals = 34)				

Coordination with Treatment Centers

7 Activities

	Not applicable	Completely in place (green)	In progress (amber)	Not in progress yet (red)
• Has identified area treatment centers most likely to care for symptomatic casualties.				
• Has identified alternate treatment facilities to care for symptomatic casualties.				
• Each treatment center has a system to allow prompt ongoing reporting of the numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.				
• Is tracking the progress of reporting systems at treatment centers that not currently able to promptly report the ongoing numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.				
• Has epidemiologists identified who, in case of need, could go to treatment centers that have inefficient reporting systems to report the numbers of diagnosed and suspect cases to the local ICC in a bioterrorism event.				
• Has communication devices that could be employed to ensure prompt reporting of case numbers from treatment centers in a bioterrorism event.				
• Has identified a coordinator at each treatment center with whom to communicate.				
Summary Levels of Progress (column totals = 7)				

Communications/Security

5 Activities

(Both cross-cutting functions are integrated except for:)

	Not applicable	Completely in place (green)	In progress (amber)	Not in progress yet (red)
• Has a back-up communication method for the C&C, OM, and Distribution teams.				
• Maintains a complete list of all persons with whom communication will be needed.				
• Confirmed radio frequencies/other communications means with the All Hazards Plan				
• Has made back-up arrangements for security for all sites and functions where needed.				
• Has undertaken a risk assessment and taken steps to strengthen security/reduce risks.				
Summary Levels of Progress (column totals = 5)				

Training, Exercising, & Evaluating

2 Activities

(Training is an integrated cross-cutting function)

	Not applicable	Completely in place (green)	In progress (amber)	Not in progress yet (red)
• Exercises are planned and carried out to meet specific NPS preparedness objectives.				
• Exercise evaluation is tightly planned to see if NPS preparedness objectives were met.				
Summary Levels of Progress (column totals = 2)				

Appendix B

Smallpox Vaccination Preparedness Checklist

(To complete checklist, use instructions from *Capacity Inventory*,
Focus Area A, Part III)

Status Key

- ◆ **Not in progress yet**, but part of a designated role (red)
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Policy/Planning Issues:

6 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has decided to receive vaccine at the state level or have it sent to addresses that can use/distribute shipments > 10,000 doses.				
• Has developed a clinic-level vaccine reconstitution and storage plan.				
• Has decided on transfer needle distribution consistent with reconstitution needs.				
• Has an after-event policy to handle those with contraindication/refusal to receive vaccine.				
• If the area has undocumented aliens, has a plan to bring them into SP vaccination sites.				
• Has a workable plan to extend SP vaccination to institutionalized and shut-in persons and those in short- and long-term correctional facilities.				
Summary Levels of Progress (column totals = 6)				

Staffing Issues:

5 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has security for distribution vehicles moving SP vaccine from depots to vaccination sites.				
• Has identified personnel to be oriented/trained and available to administer SP vaccine.				
• Has provided orientation/training to personnel identified to administer SP vaccine.				
• Has identified personnel to carry out all non vaccine-administration functions at each site.				
• Has provided training to those who will carry out all non vaccine-administration functions.				
Summary Levels of Progress (column totals = 5)				

Vaccinia Immune Globulin (VIG) Management: 3 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified a central VIG storage and distribution site.				
• Has a 24/7 VIG consultation team for release and distribution of VIG to treating physicians.				
• Has a 24/7 phone number to the VIG distribution site for physicians caring for patients with adverse events.				
Summary Levels of Progress (column totals = 3)				

Smallpox Vaccination Sites: 18 Activities

	Not in progress yet (red)	In progress (amber)	Completely in place (green)	Not applicable
• Has identified the sites to carry out smallpox vaccination.				
• Has access to, or demand contracts for, non-latex gloves, 2x2 gauze pads, tape (or air-permeable band-aids), zip-lock baggies, sharps containers, medical waste bags, and electronic thermometers and disposable covers.				
• Each vaccination site has or can be sent wound-management materials for vaccines.				
• Each vaccination site has or can get a supply of wound-management instructions.				
• Each vaccination site has adequate refrigeration (2-8°C or 35-46°F), or can get it.				
• Each vaccination site has adequate space to provide intake screening and triage.				
• Each vaccination site has adequate space to conduct the informed consent process, including the viewing of a video and a place to fill out a screening and record form.				
• Each vaccination site has playback equipment to allow persons to view the information/consent process video.				
• Each vaccination site has adequate space for a vaccine administration area.				
• Each vaccination site has enough space for counseling those with vaccine contraindications.				
• Each vaccination site has or can get a supply of materials in appropriate languages for the community populations served to provide informed consent to potential vaccines.				
• Each vaccination site has or can get a supply of the vaccination information booklets with patient identification and screening forms, an SP vaccination information sheet, a handout on vaccination site care, and a handout on adverse events and whom to contact in case of adverse events				
• Each vaccination site has or can get a supply of information sheets on vaccination options for persons with contraindications.				
• Has identified personnel for each site to screen persons for contraindications to SP Vax.				
• Each vaccination site has backup & emergency 2-way communication with a vaccine depot.				
• Has a plan and identified sites for vaccinating public health personnel, extended SP response teams, first responders, health care and lab personnel caring for SP patients, and other personnel required to maintain essential community and response services during an SP outbreak				
• Security is arranged to protect the staff at each vaccination site.				
• Crowd control services are arranged to help maintain order at each vaccination site.				
Summary Levels of Progress (column totals = 18)				

Isolation and Quarantine:
3 Activities

	Not applicable	Completely in place (green)	In progress (amber)	Not in progress yet (red)
• Has a policy for the isolation of persons infected with SP and identified sites to carry it out.				
• Has identified procedures for the quarantine of unvaccinated persons at high risk for SP.				
• Each vaccination site has information about, guidance on, and means to register and track the isolation of SP-infected persons and the quarantine of unvaccinated high-risk individuals.				
Summary Levels of Progress (column totals = 3)				

Public Communications:
1 Activity

	Not applicable	Completely in place (green)	In progress (amber)	Not in progress yet (red)
• Has a communication campaign planned to inform people who should be vaccinated and to tell them where they should go for smallpox vaccination.				
Summary Levels of Progress (column totals = 1)				